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Attorney's Docket No.: 14563-020002/1-1837

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Andreas Hilliger et al.      Art Unit: 2826  
Serial No.: 10/625,483      Examiner: Ahmed N. Sefer  
Filed : July 22, 2003  
Title : FORMATION OF A CONTACT IN A DEVICE, AND THE DEVICE  
INCLUDING THE CONTACT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

fee  
onlyRESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

In response to the Notice of Non-Compliant Amendment mailed  
January 21, 2005, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

## CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by  
facsimile to the Patent and Trademark Office on the date indicated  
below.

February 18, 2005

Date of Transmission

Signature

Jennifer H. Payne

Typed or Printed Name of Person Signing Certificate

02/23/2005 HJHNS01 00000003 061050 10625483

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/625483

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## 11/10/04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>12</u>	Minus ** <u>20</u>	=
Independent	* <u>3</u>	Minus *** <u>5</u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>20</u>	Minus ** <u>20</u>	=
Independent	* <u>7</u>	Minus *** <u>5</u>	= <u>2</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	<u>395.00</u>
X\$ 9=	
X\$44=	
+150=	
TOTAL	

RATE	FEE
BASIC FEE	<u>790.00</u>
X\$18=	
X\$8=	
+300=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X\$44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X\$8=	
+300=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X\$44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X\$8=	
+300=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X\$44=	
+150=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X\$8=	
+300=	
TOTAL	